

Application Data Sheet**Application Information**

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: DEVICE AND METHOD FOR
GENERATING INTENSE AND BRIEF
CONTROLLED VARIATIONS OF
MAGNETIC PRESSURE IN A SAMPLE
OF SOLID MATERIAL
Attorney Docket Number:: 0509-1001
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 5
Small Entity?:: Yes
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: LAURENT
Middle Name::
Family Name:: FRESCALINE
City of Residence:: SAINT-CERE
State or Province of Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 1 RUE SAINT-CYR

City of Mailing Address:: SAINT-CERE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 46400

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: GILLES
Middle Name::
Family Name:: AVRILLAUD
City of Residence:: ST-JEAN-LAGINESTE
State or Province of Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: LA PRAIRIE

City of Mailing Address:: ST-JEAN-LAGINESTE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 46400

Correspondence Information

Correspondence Customer Number:: 000466

Representative Information

Representative Customer Number::	000466
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR00/01805	6/28/00

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	99/08771	7/7/99	Yes

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::